

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**  
See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

BR

PLAINTIFF <b>Shaun Matheny</b>		COURT CASE NUMBER <b>08C2142</b>
DEFENDANT <b>Michael F. O'Leary</b>		TYPE OF PROCESS <b>S/C</b>
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Michael F.O'Leary, Warden, Will County Adult Detention Facility</b>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>Will County Adult Det. Fac., 95 S. Chicago Street, Joliet, IL 60436</b>	
<b>AT</b>		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Shaun Matheny, #R-12775  
Western-WST, R.R. 4, Box 196  
Mt. Sterling, IL 62353

Number of process to be  
served with this Form - 285

1

Number of parties to be  
served in this case

1

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):  
Fold**FILED**

AUG 21 2008 TC  
Aug 21, 2008  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

07-30-08

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>24</b>	District to Serve No. <b>24</b>	Signature of Authorized USMS Deputy or Clerk	Td	Date <b>07-30-08</b>
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Sgt. Montgomery, Will Co Sheriff Dept

Address (complete only if different than shown above)

☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Date of Service Time am

8/6/08 3:25 pm

Signature of U.S. Marshal or Deputy

Service Fee <b>144.00</b>	Total Mileage Charges (including endeavors) <b>45.10</b>	Forwarding Fee <b>0</b>	Total Charges <b>189.10</b>	Advance Deposits <b>0</b>	Amount owed to U.S. Marshal or <b>189.10</b>	Amount of Refund <b>0</b>
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REMARKS:

1 DUSM, 3 hours, 93 miles Roundtrip